



IDAHO DEPARTMENT OF
HEALTH & WELFARE

JAMES E. RISCH – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T. – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

August 18, 2006

Sheila Oetting, Administrator
Sylvan House
660 W Honeysuckle
Hayden, ID 83835

License #: RC-524

Dear Ms. Oetting:

On July 13, 2006, a Life Safety Code survey was conducted at Sylvan House. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Eric Mundell, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

ERIC MUNDELL
Team Leader
Health Facility Surveyor
(Program Name) Program

EM/slc

c: Jamie Simpson, BS, QRMP, MBA, Supervisor, Residential Community Care Program



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July 19, 2006

Sheila Oetting, Administrator
Sylvan House
660 W Honeysuckle
Hayden, ID 83835

FILE COPY

Dear Ms. Oetting:

On July 13, 2006, a fire/life safety code survey was conducted at Sylvan House. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by August 12, 2006.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

JAMIE SIMPSON, BS, QRMP, MBA
Supervisor
Residential Community Care Program

JS/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R524	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2006
NAME OF PROVIDER OR SUPPLIER SYLVAN HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 660 W HONEYSUCKLE HAYDEN, ID 83835		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R9999	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety and sanitation standards of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety and sanitation survey conducted on July 13, 2006. The surveyor conducting the survey was:</p> <p>Eric Mundell REHS Team Leader Health Facility Surveyor</p>	R9999		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



ASSISTED LIVING

Non-Core Issues

Punch List

Facility Name Sylvan House	Physical Address 660 W Honeysuckle Ave	Phone Number 762 4097
Administrator Sheila Oetting	City Hayden	ZIP Code 83835
Survey Team Leader Eric M. Dell	Survey Type FLS	Survey Date July 13, 2006

NON-CORE ISSUES

[illegible]

Response Required Date

Signature of Facility Representative

August 13, 2006

X Shikha Ojha, R.D